



Form RS-1

REGISTRATION YEAR

20 _____

**UNIFORM APPLICATION FOR SINGLE STATE
REGISTRATION FOR MOTOR CARRIERS OPERATING UNDER
AUTHORITY ISSUED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)**

☐ **Carrier of Property**☐ **Household Good Carrier**☐ **Passenger Carrier****MOTOR CARRIER IDENTIFICATION NUMBERS** ☐ *Check this box if information entered reflects changes or corrections.*

INTERSTATE MC NO.(S)

US DOT NO.

SSN/FEIN

DMV FILE NO CA/CAL-T

PSG

TCP

APPLICATION (Identical to name on Interstate order) ☐ *Check this box if information entered reflects changes or corrections.*

NAME

D/B/A

AREA CODE AND TELEPHONE NO.

()

FAX NO.

PRINCIPAL PLACE OF BUSINESS ADDRESS* ☐ *Check this box if information entered reflects changes or corrections.*

STREET

CITY

STATE

ZIP

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS ABOVE: ☐ *Check this box if information entered reflects changes or corrections.*

STREET

CITY

STATE

ZIP

TYPE OF REGISTRATION ☐ *Check this box if information entered reflects changes or corrections.*☐ **New Carrier Registration** - The motor carrier has not previously registered.☐ **Annual Registration** - The motor carrier is renewing its annual registration.☐ **New Registration State Selection** - The motor carrier has changed its principal place of business **or** its prior registration state has left the registration program. The prior registration state was _____☐ **Supplemental Registration** - The motor carrier is adding additional vehicles or states of travel **after** its annual registration. Show type below:☐ **New States of Travel**☐ **Vehicles to Existing States of Travel**☐ **States and Vehicles****TYPE OF MOTOR CARRIER** ☐ *Check this box if information entered reflects changes or corrections.***(Check One)**☐ **Individual**☐ **Partnership**☐ **Corporation****LIST NAMES OF PARTNERS OR OFFICERS**

NAME	TITLE

IF CORPORATION, GIVE STATE IN WHICH INCORPORATED

TYPE OF FMCSA REGISTERED AUTHORITY ☐ *Check this box if information entered reflects changes or corrections.*☐ **Permit (Permit Certificate)**

*A principal place of business in a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

INTERSTATE CERTIFICATE(S) OR PERMIT(S)

- ☐ Interstate Authority Order(s) attached for initial registered.
- ☐ Interstate Authority Order(s) attached for additional grants received.
- ☐ No change from prior year registration

PROOF OF PUBLIC LIABILITY SECURITY ☐ Check this box if information entered reflects changes or corrections.

- ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security submitted to and accepted by the Federal Motor Carrier Safety Administration under 49 C.F.R. Part 1043.
- ☐ The applicant has filed, or caused to be filed, a copy of its proof of public liability security submitted to and accepted by the Federal Motor Carrier Safety Administration under 49 C.F.R. Part 1043, and the security remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the Federal Motor Carrier Safety Administration order. A copy of the Federal Highway Administration insurance order is attached or has previously been filed with the registration state.

HAZARDOUS MATERIALS ☐ Check this box if information entered reflects changes or corrections.

(Check one)

- ☐ The applicant **will not** haul hazardous materials in any quantity.
- ☐ The applicant will haul hazardous materials that require the following limits in accordance with Title 49 C.F.R. 1043.2:

(Check one)

- ☐ Public Liability and Property Damage Insurance of \$1 million.
- ☐ Public Liability and Property Damage Insurance of \$5 million.

PROCESS AGENTS

- ☐ FMCSA Form No. BOC-3 or blanket designation attached for new registration.
- ☐ FMCSA Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agents.
- ☐ No change from prior year registration.

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration State.)

NAME (PRINTED)

DATE

SIGNATURE

TITLE

X

TO: California Department of Motor Vehicles
IRP/SSRS Section, MS G875
P.O. Box 932370
Sacramento, CA 94232-3700
(916) 657-6636